

Fill in this information to identify the case:

25

Debtor Animas Well Services, LLC

United States Bankruptcy Court for the: Western District of Texas
(State)

Case number 15-70162-RBK
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service
Centralized Insolvency Office PO Box 7346
Philadelphia, PA 19101

Date or dates debt was incurred
9/30/2015

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 188,224 Total claim \$ 188,224 Priority amount

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Payroll Taxes

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address

Texas Comptroller of Public Accounts
PO Box 13528 Capital Station
Austin, TX 78711

Date or dates debt was incurred
10/1/2015

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 27,579 Total claim \$ 27,579 Priority amount

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Sales & Use Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____ Total claim \$ _____ Priority amount

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 3H Trucking, LLC 2840 S Hwy 385 Odessa, Texas 79766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 3,360.00
3.2	Nonpriority creditor's name and mailing address A-1 Sign Engravers PO Box 2641 Midland, Texas 79702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ 986.22
3.3	Nonpriority creditor's name and mailing address ACTS P. O. Drawer 7769 Odessa, Texas 79760 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ 14,781.87
3.4	Nonpriority creditor's name and mailing address Airgas Southwest P. O. Box 676031 Dallas, TX 75267 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 2,625.54
3.5	Nonpriority creditor's name and mailing address Alpha & Omega Safety 907 Green Drive Odessa, Texas 79763 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 200.00
3.6	Nonpriority creditor's name and mailing address Armstrong Backus & Co., LLP PO Box 71 San Angelo, Texas 76902 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 5,575.00

Debtor

Animas Well Services, LLC
Name

25

Case number (if known)

15-70162-rbk

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address

Safety Kleen Systems, Inc.

10607 W County Road 167

Odessa, TX 79765

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

\$ 110.50

Basis for the claim: Service

Is the claim subject to offset?

☒ No☐ Yes

3. Nonpriority creditor's name and mailing address

Avis Lube

PO Box 908001

Midland, TX 79708

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 4,858.40

Basis for the claim: Service

Is the claim subject to offset?

☒ No☐ Yes

3. Nonpriority creditor's name and mailing address

B-Line Filter & Supply, Inc.

P. O. Box 4598

Odessa, TX 79760

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 8,904.71

Basis for the claim: Supplier

Is the claim subject to offset?

☒ No☐ Yes

3. Nonpriority creditor's name and mailing address

B&B Wrecker and Recovery, Inc.

2823 S. Rankin Hwy

Midland, TX 79706

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 300.00

Basis for the claim: Services

Is the claim subject to offset?

☒ No☐ Yes

3. Nonpriority creditor's name and mailing address

Bearing Supply Co.

PO Box 2886

Odessa, TX 79760

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 756.58

Basis for the claim: Supply

Is the claim subject to offset?

☒ No☐ Yes

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.12 Nonpriority creditor's name and mailing address <u>Big 3 Tire, Inc.</u> <u>P. O. Box 1777</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>15.50</u>
3.13 Nonpriority creditor's name and mailing address <u>Big Toe Wreckers</u> <u>3819 S Einstein Ave</u> <u>Odessa, TX 79766</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,220.00</u>
3.14 Nonpriority creditor's name and mailing address <u>Bill Williams Tire Center</u> <u>PO Box 1772</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,092.41</u>
3.15 Nonpriority creditor's name and mailing address <u>Bishop Lifting Products, Inc.</u> <u>3346 Kermit Hwy</u> <u>Odessa, TX 79764</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>142.47</u>
3.16 Nonpriority creditor's name and mailing address <u>C & S Diesel Service LLC</u> <u>13851 Loyola Avenue</u> <u>Gardendale, TX 79758</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>11,091.52</u>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.17	<p>Nonpriority creditor's name and mailing address <u>Cetex USA, Inc.</u></p> <p><u>1721 West Culver St</u> <u>Phoenix, AZ 85007</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 4,961.45</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	<p>Nonpriority creditor's name and mailing address <u>Chaparral Bolt & Supply</u></p> <p><u>PO Box 8818</u> <u>Midland, TX 79708</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 2,055.50</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<p>Nonpriority creditor's name and mailing address <u>Cherokee Rental, Inc.</u></p> <p><u>P. O. Box 13524</u> <u>Odessa, TX 79768</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 1,290.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<p>Nonpriority creditor's name and mailing address <u>Cheyenne Tire Company</u></p> <p><u>PO Box 13975</u> <u>Odessa, TX 79768</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 6,170.75</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address <u>Cimarron Energy Partners, LLC</u></p> <p><u>PO Box 1814</u> <u>Midland, TX 79702</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 30,974.46</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

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3.22	<p>Nonpriority creditor's name and mailing address <u>Cintas Corporation # 440</u></p> <p><u>PO Box 650838</u> <u>Dallas, TX 75265</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 4,583.48</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Uniform services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	<p>Nonpriority creditor's name and mailing address <u>Cotton, Bledsoe, Tighe & Dawson</u></p> <p><u>P. O. Box 2776</u> <u>Midland, TX 79702</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 8,715.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	<p>Nonpriority creditor's name and mailing address <u>Danny's Automotive</u></p> <p><u>1904 W Front</u> <u>Midland, TX 79701</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 11,398.10</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	<p>Nonpriority creditor's name and mailing address <u>DE Business Solutions</u></p> <p><u>1031 Andrews Hwy #304</u> <u>Midland, TX 79701</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 213.75</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.26	<p>Nonpriority creditor's name and mailing address <u>Diamond Fleet Parts, Inc.</u></p> <p><u>1925 W. 2nd</u> <u>Odessa, TX 79763</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 1,166.93</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page

Amount of claim

<p>3.27 Nonpriority creditor's name and mailing address <u>DNOW, LP</u> <u>P. O. Box 200822</u> <u>Dallas, TX 75320</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,028.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.28 Nonpriority creditor's name and mailing address <u>Double H Brands, Ltd.</u> <u>6502 N CR</u> <u>West Odessa, TX 79764</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 19,975.31</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.29 Nonpriority creditor's name and mailing address <u>E & E Service Supply, Inc.</u> <u>PO Box 70408</u> <u>Odessa, TX 79769</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 110,507.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.30 Nonpriority creditor's name and mailing address <u>EnerSafe, Inc.</u> <u>1212 Antoine Drive</u> <u>Houston, TX 77055</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,236.14</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.31 Nonpriority creditor's name and mailing address <u>Espinoza Services, Inc.</u> <u>PO Box 1521</u> <u>Denver City, TX 79323</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,765.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.32 Nonpriority creditor's name and mailing address <u>FBM Trading Co., LLC</u> <u>932 S Ayers Ave</u> <u>Ft Worth, TX 76103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,012.88</u>
3.33 Nonpriority creditor's name and mailing address <u>G & M Supply, Inc.</u> <u>P. O. Box 13636</u> <u>Odessa, TX 79768</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,273.91</u>
3.34 Nonpriority creditor's name and mailing address <u>Gonzales Welding & Machine</u> <u>PO Box 1141</u> <u>Hobbs, NM 88241</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>12,878.45</u>
3.35 Nonpriority creditor's name and mailing address <u>Good-Tex, LLC</u> <u>PO Box 464</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,322.58</u>
3.36 Nonpriority creditor's name and mailing address <u>Gordon Brothers Supply, Inc.</u> <u>PO Box 355</u> <u>Stroud, OK 74079</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>18,307.98</u>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.37	Nonpriority creditor's name and mailing address <u>Horizon Cable Service, Inc.</u> <u>PO Box 270895</u> <u>Oklahoma City, OK 73127</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 3,210.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address <u>Hotsy Equipment Co.</u> <u>10205 N Walton Walker Blvd.</u> <u>Dallas, TX 75220</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 967.16</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address <u>Hydradyne, LLC</u> <u>PO Box 974799</u> <u>Dallas, TX 75397</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 1,166.11</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address <u>Hydraulic Sales & Services, Inc.</u> <u>PO Box 1548</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 10,676.22</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address <u>Integrity Diesel Services, LLC</u> <u>PO Box 14888</u> <u>Odessa, TX 79768</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 55,862.11</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page

Amount of claim

3.42 Nonpriority creditor's name and mailing address <u>ISN Software Corporation</u> <u>P. O. Box 841808</u> <u>Dallas, TX 75284</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>29.99</u>
3.43 Nonpriority creditor's name and mailing address <u>J Ray's Rentals</u> <u>3602 Sinclair Avenue</u> <u>Midland, Texas 79707</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>850.00</u>
3.44 Nonpriority creditor's name and mailing address <u>J & J Steel Company</u> <u>PO Box 1886</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,201.88</u>
3.45 Nonpriority creditor's name and mailing address <u>Janet Hernandez</u> <u>1513 S Mineloa</u> <u>Midland, TX 79701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,700.00</u>
3.46 Nonpriority creditor's name and mailing address <u>JAS Trucking</u> <u>3819 S Einstein Ave</u> <u>Odessa, TX 79766</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,028.00</u>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

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Amount of claim

<p>3.47 Nonpriority creditor's name and mailing address <u>Jet Specialty, Inc.</u> <u>PO Box 678286</u> <u>Dallas, TX 75267</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <u>\$ 646.03</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.48 Nonpriority creditor's name and mailing address <u>Joe Luis Rig Mechanic</u> <u>8040 Wagonwheel</u> <u>Odessa, TX 79763</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <u>\$ 11,148.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.49 Nonpriority creditor's name and mailing address <u>K. D. M. Hot Oil Service, Inc.</u> <u>PO Box 3044</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <u>\$ 1,281.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.50 Nonpriority creditor's name and mailing address <u>Kelly, Morgan, Dennis, Cirzine & Hensen</u> <u>PO Box 1311</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <u>\$ 4,200.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.51 Nonpriority creditor's name and mailing address <u>Lou's Clinical Lab, Inc.</u> <u>P. O. Box 394</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <u>\$ 2,060.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.52	Nonpriority creditor's name and mailing address <u>Martins Fishing Tools and Rentals</u> <u>PO Box 307</u> <u>Andrews, TX 79714</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>235.00</u>
3.53	Nonpriority creditor's name and mailing address <u>Martins Gas Testers and Rentals</u> <u>PO Box 307</u> <u>Andrews, TX 79714</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>875.00</u>
3.54	Nonpriority creditor's name and mailing address <u>Midland Battery</u> <u>PO Bix 862</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,204.44</u>
3.55	Nonpriority creditor's name and mailing address <u>Midland Memorial Hospital</u> <u>2220 W. Illinois Avenue</u> <u>Midland, TX 79701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,217.62</u>
3.56	Nonpriority creditor's name and mailing address <u>Mulato & Mundo Services, LLC</u> <u>2467 N Polaris Avenue</u> <u>Odessa, TX 79763</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>14,000.00</u>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

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Amount of claim

3.57	Nonpriority creditor's name and mailing address <u>Mustang Safety Service</u> <u>7098 SW 7th Place</u> <u>Andrews, TX 79714</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,441.75</u>
3.58	Nonpriority creditor's name and mailing address <u>My Boot Store</u> <u>2153 50th St</u> <u>Lubbock, TX 79412</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,397.77</u>
3.59	Nonpriority creditor's name and mailing address <u>National Oil Varco</u> <u>PO Box 206004</u> <u>Dallas, TX 75320</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,160.46</u>
3.60	Nonpriority creditor's name and mailing address <u>Nova Healthcare, PA</u> <u>PO Box 840066</u> <u>Dallas, TX 75284</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>707.35</u>
3.61	Nonpriority creditor's name and mailing address <u>Pete's Weight Indicators, Inc.</u> <u>2423 W. Hillmont Rd.</u> <u>Odessa, TX 79764</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,460.08</u>

Debtor Animas Well Services, LLC

Case number 15-70162-RBK

Part 2: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.62	<p>Nonpriority creditor's name and mailing address <u>Pikes Peak Energy Services, LLC</u></p> <p><u>PO Box 250</u> <u>Ozona, TX 76943</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 9.75</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.63	<p>Nonpriority creditor's name and mailing address <u>Pinnacle Propane</u></p> <p><u>1612 Garden City Hwy</u> <u>Midland, TX 79701</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 2,329.93</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Supplier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.64	<p>Nonpriority creditor's name and mailing address <u>Precision Pump & Comp, Inc.</u></p> <p><u>PO Box 12990</u> <u>Odessa, TX 79768</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 8,677.93</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Supplier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.65	<p>Nonpriority creditor's name and mailing address <u>Premium Rig Sales</u></p> <p><u>3621 Gillespie Lane</u> <u>Odessa, TX 79765</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 6,066.02</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.66	<p>Nonpriority creditor's name and mailing address <u>Pro-P Services</u></p> <p><u>PO Box 69171</u> <u>Odessa, TX 79765</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 11,564.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

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Amount of claim

3.67	Nonpriority creditor's name and mailing address <u>Qualified Printers</u> <u>2803 N Big Spring</u> <u>Midland, TX 79705</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,230.40</u>
3.68	Nonpriority creditor's name and mailing address <u>Rapid Oil Change</u> <u>1011 Andrews Highway</u> <u>Midland, TX 79701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>12,106.60</u>
3.69	Nonpriority creditor's name and mailing address <u>Red Wing Shoes</u> <u>412 Andrews Hwy</u> <u>Midland, TX 79701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,549.79</u>
3.70	Nonpriority creditor's name and mailing address <u>Rock Tool Company</u> <u>P. O. Box 1906</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,177.00</u>
3.71	Nonpriority creditor's name and mailing address <u>Rogers Ford</u> <u>PO Box 4577</u> <u>Midland, TX 79704</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,907.38</u>

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

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Amount of claim

3.72 Nonpriority creditor's name and mailing address <u>Rolltex, Inc.</u> <u>PO Box 2615</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 840.02</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73 Nonpriority creditor's name and mailing address <u>Rose Equipment Company</u> <u>PO Box 1060</u> <u>Levelland, TX 79336</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 487.13</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74 Nonpriority creditor's name and mailing address <u>Sewell Ford, Inc.</u> <u>P. O. Box 3432</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 1,449.96</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75 Nonpriority creditor's name and mailing address <u>Shafer, Davis, O'Leary & Stoker, Inc.</u> <u>PO Box 1552</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 2,961.80</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76 Nonpriority creditor's name and mailing address <u>Slingshot</u> <u>5381 W 42nd Street</u> <u>Odessa, TX 79763</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 522.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.77	Nonpriority creditor's name and mailing address <u>Slip Service Company</u> <u>P. O. Box 768</u> <u>Odessa, TX 79760</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>6,575.50</u>
3.78	Nonpriority creditor's name and mailing address <u>SOA Pump & Supply, Inc.</u> <u>PO Box 69806</u> <u>Odessa, TX 79769</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>68.01</u>
3.79	Nonpriority creditor's name and mailing address <u>S R H Tools</u> <u>1104 N CR 1090</u> <u>Midland, TX 79706</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>13,402.00</u>
3.80	Nonpriority creditor's name and mailing address <u>The Paint and Safety Store</u> <u>201 S Benton</u> <u>Big Spring, TX 79720</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>21,911.79</u>
3.81	Nonpriority creditor's name and mailing address <u>TIER Services, LLC</u> <u>POO Box 3501</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>121.30</u>

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page

		Amount of claim
3.82	Nonpriority creditor's name and mailing address <u>Tino's Machining</u> <u>809 W . Yukon</u> <u>Odessa, TX 78764</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>6,829.30</u>
3.83	Nonpriority creditor's name and mailing address <u>TMP Truck & Trailer</u> <u>PO Box 10366</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,396.11</u>
3.84	Nonpriority creditor's name and mailing address <u>Tommy White Supply Company, Inc.</u> <u>PO Box 1709</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>13,556.80</u>
3.85	Nonpriority creditor's name and mailing address <u>Toro Spooling Services</u> <u>3071 N Fremont</u> <u>Odessa, TX 79764</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>17,365.55</u>
3.86	Nonpriority creditor's name and mailing address <u>Triple D Rentals Tools, LLC</u> <u>PO Box 10167</u> <u>Midland, TX 78702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>11,372.00</u>

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page

Amount of claim

3.87 Nonpriority creditor's name and mailing address <u>Trippie "M" Oil Tool, Inc.</u> <u>P O Box 13090</u> <u>Odessa, TX 79768</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 816.96</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88 Nonpriority creditor's name and mailing address <u>Tweety's Tire and Welding</u> <u>1011 S Big Spring St</u> <u>Midland, TX 79701</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 848.74</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89 Nonpriority creditor's name and mailing address <u>Urgent Orthopedic Specialists</u> <u>PO Box 674061</u> <u>Dallas, TX 75267</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 5,593.75</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90 Nonpriority creditor's name and mailing address <u>Vista Sales & Services, Inc.</u> <u>P. O. Box 13964</u> <u>Odessa, TX 79768</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 822.20</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91 Nonpriority creditor's name and mailing address <u>West Texas Disposal</u> <u>PO Box 69161</u> <u>Odessa, TX 79769</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <u>\$ 265.38</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Animas Well Services, LLCCase number 15-70162-RBK**Part 2: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page		Amount of claim
3.92	Nonpriority creditor's name and mailing address <u>Westair -Praxair Distr., Inc.</u> <u>PO Box 120889, Dept 0889</u> <u>Dallas, TX 75312</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>724.40</u>
3.93	Nonpriority creditor's name and mailing address <u>Western Repair Service</u> <u>PO Box 69078</u> <u>Odessa, TX 79769</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>8,561.50</u>
3.94	Nonpriority creditor's name and mailing address <u>Wright Express</u> <u>P, O. Box 6293</u> <u>Carol Stream, IL 60197</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>25,638.36</u>
3.95	Nonpriority creditor's name and mailing address <u>Cimarron Energy Partners, LLC</u> <u>PO Box 1814</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>200,500.00</u>
3.96	Nonpriority creditor's name and mailing address <u>Cimarron Energy Partners, LLC</u> <u>PO Box 1814</u> <u>Midland, TX 79702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Deferred Payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>489,901.00</u>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 215,823
5b. Total claims from Part 2	5b. +	\$ 1,346,735
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 1,562,558

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>215,803</u>
5b. Total claims from Part 2	5b. + \$ <u>1346735</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <div></div>

Fill in this information to identify the case:

Debtor name Animas Well Services, LLC

United States Bankruptcy Court for the: Western District of Texas
(State)

Case number (If known): 15-70162-RBK Chapter 11

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Office Lease, Management fee and contract for admin services.	Cimarron Energy Partners, LLC PO Box 1814 Midland, TX 79702
	State the term remaining	month to month	
	List the contract number of any government contract	NA	
2.2	State what the contract or lease is for and the nature of the debtor's interest	Lease for certain oil field tooling	CBL Ventures 2919 Commerce Street #343 Dallas, TX 75226
	State the term remaining	May, 2017	
	List the contract number of any government contract	NA	
2.3	State what the contract or lease is for and the nature of the debtor's interest	Capital Lease for Rigs	Nations Equipment Finance 101 Merritt Seven Fifth Floor Norwalk, CT 06851
	State the term remaining	December, 2022	
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	Ordinary Lease for Rigs	Well Watch, LLC 804 E Cedar Ness City, KS 67560
	State the term remaining	March, 2016	
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest	Ordinary Lease for Trucks	Cimmaron Energy Partners, LLC PO Box 1814 Midland, TX 79702
	State the term remaining	July, 2017	
	List the contract number of any government contract		

Debtor Animas Well Services, LLC
Name

Case number (if known) 15-70162-RBK

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.	State what the contract or lease is for and the nature of the debtor's interest	Ordinary Lease for Trucks	Ken Krisa
	State the term remaining	November 2017	P. O. Box 1814
	List the contract number of any government contract		Midland, TX 79702
2.	State what the contract or lease is for and the nature of the debtor's interest	Ordinary Lease for Equipment / Forklift	Permian Machinery Movers, Inc.
	State the term remaining	month to month	P. O. Box 11281
	List the contract number of any government contract		Odessa, TX 79760
2.	State what the contract or lease is for and the nature of the debtor's interest	Rig Crew Truck	EAN Holdings
	State the term remaining	month to month	4210 S Congress Avenue
	List the contract number of any government contract		Austin, TX 78745
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Animas Well Services, LLCUnited States Bankruptcy Court for the: Western District of Texas
(State)Case number (If known): 15-70162-RBK☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>Ken Krisa</u>	<u>P. O. Box 1814</u> Street <u>Midland</u> <u>TX</u> <u>78702</u> City State ZIP Code		<u>BaseLine Nations, Commercial State Bank, Hitachi, First Financial, TD Finance</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2 <u>Jim Osborne</u>	<u>P. O. Box 1814</u> Street <u>Midland</u> <u>TX</u> <u>78702</u> City State ZIP Code		<u>Baseline, Nations, Commerical State Bak, First Financial, TD Finance</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3 <u>Paul Osborne</u>	<u>114 Decker Avenue</u> Street <u>Staten Island</u> <u>NY</u> <u>10302</u> City State ZIP Code		<u>BaseLine</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>The Family Trust of Owen Living Trust 3/98 Judy Owen, Trustee</u>	<u>357 Orbit Drive</u> Street <u>Lavon</u> <u>TX</u> <u>75166</u> City State ZIP Code		<u>BaseLine</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 <u>Arlon Resources, LLC c/o Greg Pac</u>	<u>1804 Redtail Hawk</u> Street <u>Edmond</u> <u>TX</u> <u>73003</u> City State ZIP Code		<u>BaseLine</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G